

5 DAY RECONCILIATION CHART

Provider Name			Month/Year		Number of Operating Days/Week				
Licensed Capacity									
Enrollment			* Days/ times from sign in sign out, or enrollments/IEF's		Attendance: Add in last 5 consecutive dates				
Child Names:			*Days attended	*Usual times in care	Day 1	Day 2	Day 3	Day 4	Day 5
TOTAL									

Meals of Claimed (circle meal observed)

Last 5 previous days	Break fast	AM Snack	Lunch	PM Snack	Supper	Eve Snack
Date:						
Date:						
Date:						
Date:						
Date:						
Day of review totals						

Centers:
Random sample size: _____

(must be 10% of enrolled children and at least 5 if center has less than 50 enrolled children).

NOTES:

